

FILED MAR 14 1947

Registration District No. **363** Primary Registration District No. **4532**

1. PLACE OF DEATH:

(a) County **Warren**

(b) City or town **Marthasville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **64 years** (Specify whether years, months or days)

In this community **64 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren 109**

(c) City or town **Marthasville**
(If outside city or town limits, write "RURAL") **5**

(d) Street No. **7**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **Arthur Rudolph Ahmann**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **7** year **1947** hour **4** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **Nov 28** 19**46** to **Mar 7** 19**47** that I last saw him alive on **Mar 7** 19**47** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edna Ahmann**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **June** (Month) **19** (Day) **1882** (Year)

Immediate cause of death **Cerebral Tumor**

Duration **3mo**

8. AGE: Years **64** Months **8** Days **16** If less than one day **hr. min.**

Due to _____

Due to _____

Other conditions **Pulmonary Fibrosis** **1 yr**
(Include pregnancy within 3 months of death)

9. Birthplace **Marthasville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: **570**
Of operations _____

Of autopsy _____

11. Industry or business **Manager, telephone exchange**

12. Name **Gust Ahmann**

13. Birthplace **Marthasville Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Hildebrandt**

15. Birthplace **Marthasville, Missouri**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Romer T. Ahmann**

(b) Address **Marthasville, Missouri**

23. Signature **Herbert A. Schmidt** (M. D. or other) **MS**

Address **Marthasville, Mo** Date signed **3-9-47**

17. (a) **Burial** (b) Date thereof **Mar. 10-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marthasville, Mo**

18. (a) Signature of funeral director **Herbert A. Schmidt**

(b) Address **Marthasville, Mo**

19. (a) **3/9/47** (b) **H. C. Johnson**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9

334

JUN 19 1947

RECEIVED
District Health Officer No. 9,
District File Number
MAR 10 1947
Case Filed

MAR 10 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Delmont F. Lichtenberg*

Licensed Embalmer No. 4318

P. O. Address. Marthasville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.